



SERVICE OFFICE
M T W Th F

PURCHASE AGREEMENT (ILLINOIS)

I (“Buyer”) hereby purchase from HearUSA (“Seller”), the hearing system and equipment described below, agree to pay the purchase price written, and honor the following terms and conditions of the sale herein specified. The equipment is new, and warranted against defects in material and workmanship for a period of _____ years from the date of purchase. Hearing aid remakes are warranted for one year only, and ear mold remakes are warranted for 90 days. Ear molds are not covered for loss. In the case of loss or damage of the hearing aid or remote control during the warranty period, a one-time replacement will be provided, subject to a deductible of \$_____ per aid.

	Manufacturer	Model	Serial No	Price
Left				
Right				
Purchase Price				\$
Professional Services – Testing, Fitting, and Follow-Up				\$
Ear mold(s)				\$
Special Features: _____				\$
Remote Control				\$
Hearing Test				\$
Examination of Ear				\$
Dispensing Services				\$
In Office Service, Cleaning				\$
Benefit				\$
SUBTOTAL:				\$
OTHER				\$
NET PURCHASE PRICE PAYABLE:				\$

BATTERY SIZE _____

This hearing aid will not restore normal hearing nor will it prevent further hearing loss.

I am over the age of 18 and have been advised by HearUSA that the Food and Drug Administration has determined that my best health interest would be served if I had a medical evaluation by a licensed physician (preferably one who specializes in diseases of the ear), before purchasing a hearing aid. I do not wish a medical evaluation before purchasing a hearing aid.

INSURANCE

HearUSA cannot guarantee your benefits or eligibility with your insurance plan. Your insurance plan is a contract between you and your insurance company.

Upon completion of our Patient Information Form and your assignment of benefits, HearUSA will extend the benefit offered by your insurance company and file for reimbursement. HearUSA will handle all of the paperwork for you. All payments for services not covered by your insurance plan are expected at time of visit.

If your insurance company pays only a portion of the bill or denies the claim, an explanation should be made to you, their policyholder. Reduction or rejection of your claim by your insurance company does not relieve you of the financial obligation. HearUSA will notify you if this occurs and request payment in full.

Signature of Purchaser

Date

Is the purchaser the same as the as the hearing aid user? Circle: YES NO If no, indicate the name and address of the hearing aid user:

Name: _____

Address: _____

Name of Hearing Aid Dispenser _____ Hearing Aid Lic. No. _____

Signature of Hearing Aid Dispenser _____ Date _____

DELIVERY RECEIPT

You, the buyer, may request a refund within ____ business days of the delivery. This refund period extends to _____.
(date)

Refund requests should be made by appointment at the service office by returning the hearing aid(s) to the seller. If you request a refund and return the hearing aid(s) within the specified time period, the seller will refund the amount paid, less \$0 per instrument.

Signature _____ Executed/Delivered on this ____ day of _____, 20____

Full Name (*Please Print*) _____ Telephone () _____

Address _____

Name of Hearing Aid Dispenser _____ Hearing Aid Lic. No. _____

Date _____ Signature of Hearing Aid Dispenser _____ If during
the _____-day refund period, the hearing instrument and/or accessories are returned to the
manufacturer/supplier for adjustment or repair, the refund period will be extended, affording the
consumer theremainder of the refund period.
_____ is being afforded an extended refund period through _____ on the _____ (Name
of Purchaser) (Date)

hearing instruments with the following serial numbers: _____

Signed: _____

Dispenser